

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Marius Powell	COURT CASE NUMBER 08C1270
DEFENDANT Lt. McNamara	TYPE OF PROCESS S/C
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN AT Sgt. Selemi, Cook County Jail, Division 8 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Cook County Jail, Legal Dept. 2700 S. California Ave., 2nd. Flr. Div. 5 Chicago, IL	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Marius Powell, #2007-0075987
Cook County Jail
P.O. Box 089002
Chicago, IL 60608

Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

3

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

FILED

Fold

AUG 01 2008 YM

Aug 1, 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

04-29-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 2 of 3	District of Origin 24 No.	District to Serve 24 No.	Signature of Authorized USMS Deputy or Clerk Td	Date 04-29-08
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I hereby certify and return that I ☐ have personally served ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Ronna Farnandez

Address (complete only if different than shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service Time am

7/21/08 1200 pm

Signature of U.S. Marshal or Deputy

D. B. [Signature]

Service Fee 48.00	Total Mileage Charges (including expenses) 6.79	Forwarding Fee 0	Total Charges 54.79	Advance Deposits 0	Amount owed to U.S. Marshal or 54.79	Amount of Refund 0
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REMARKS:

1 DUSM 1 HOUR 14 MILES